[Clerks Office Only]

Name:

Linda Rivera

**Email Address:** 

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**Phone Number** 

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Are you filing a new case?

Yes, I'm filing a new case.

**Case Caption** 

**Case Number** 

**NEW CASE** 

**Description of Document(s)** 

**Federal Complaint with IFP and Exhibits** 

**Terms of Submission** 

Yes

Do you have a mailing address?

No

Select 'Yes' if you do not have a mailing address.

**Mailing Address Line 1** 

PO BOX 1258

**Mailing Address Line 2** 

Citv:

**East Stroudsburg** 

State:

Pennsylvania

Zip Code:

18301

Other

Hide empty values